

NEIGHBORHOOD ASSISTANCE PROGRAM PROJECT EXTENSION REQUEST



To request an extension of your Neighborhood Assistance Program (NAP) project, fill out the information below and mail to NAP, P.O. Box 118, Jefferson City, MO 65109. You will receive confirmation from NAP in writing regarding the approval or denial of your request. It is recommended that extension requests be submitted to the Jefferson City office no later than 60 days prior to the end of the project fundraising period. All extensions are for one year only, beginning July 1 and ending June 30. Attach additional pages if necessary.

PROJECT NUMBER	PROJECT FUNDRAISING PERIOD (MM/DD/YY)	
	BEGINNING	ENDING
ORGANIZATION NAME		
Use additional pages if n	ecessary.	
	explain whether or not your orgound in Appendix A of your projec	ganization has achieved the outcomes and ct agreement.
organization has not u		arded for your approved project? If your what will you do differently that will enable e extension period.

REMEMBER TO COMPLETE THE OTHER SIDE

	Identify your organization's performance targets for the extension per and indicate any proposed changes in the scope or direction of your proposed Appendix A of your Project Agreement). Identify your organization's milestones for each quarter for the extension 30). Milestones are those critical steps that your organization will take that will enable you to achieve the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the extension of the performance targets detailed in quarter for the per	on period (July 1 through June e during the extension period
PRO	DJECT DIRECTOR SIGNATURE	
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	DJECT DIRECTOR NAME PRINTED OR TYPED	DATE
•		-
	NAP USE ONLY	
	PROVED BY	DATE
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